10

10 Audiology/Hearing Services

Audiological function tests and hearing aids are limited to Medicaid recipients who are eligible for treatment under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Hearing aids are provided through hearing aid dealers who are contracted to participate in the Alabama Medicaid Hearing Aid Program.

An eligible recipient with hearing problems may be referred to a private physician or to a Children's Specialty Clinic for medical evaluation.

The policy provisions for audiology and hearing services providers can be found in the *Alabama Medicaid Agency Administrative Code,* Chapter 19.

10.1 Enrollment

EDS enrolls hearing services providers and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code*, and the *Alabama Medicaid Provider Manual.*

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

Only in-state and bordering out-of-state (within 30 miles of the Alabama state line) audiology and hearing aid providers who meet enrollment requirements are eligible to participate in the Alabama Medicaid program.

Provider Number, Type, and Specialty

A provider who contracts with Medicaid as a hearing services provider is issued a nine-digit Alabama Medicaid provider number that enables the provider to submit requests and receive reimbursements for hearing-related claims.

NOTE:

All nine digits are required when filing a claim.

Hearing service providers are assigned a provider type of 66 (Hearing Aids) and/or 20 (Audiology/Hearing Services). The valid specialty for Hearing Aid providers is Hearing Aid Dealer (H1). The valid specialty for Audiology is 64 (Audiology).

Enrollment Policy for Audiology Providers

Audiologists must hold a valid State license issued by the state in which they practice.

EDS is responsible for enrollment of audiologists. Licensed audiologists desiring to participate in the Alabama Medicaid Program must furnish the following information to EDS as part of the required enrollment application:

- Name
- Address
- Specialty provider type
- Social Security Number
- Tax ID Number
- Copy of current State license

Hearing Aid Dealers

Dealers must hold a valid license issued by the Alabama Board of Hearing Aid Dealers, as issued by the state in which the business is located.

10.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

10.3 Prior Authorization and Referral Requirements

Hearing services procedure codes generally do not require prior authorization. Any service warranted outside of these codes must have prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

When filing claims for recipients enrolled in the Patient 1st Program, refer to Chapter 39, Patient 1st, to determine whether your services require a referral from the Primary Medical Provider (PMP).

10.4 Cost Sharing (Copayment)

Copayment does not apply to hearing services.

10.5 Completing the Claim Form

NOTE:

An audiologist employed by a physician cannot file a claim for the same services billed by that physician for the same patient, on the same date of service.

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

➢ Electronic claims submission can save you time and money. The system alerts you to common errors and allows you to correct and resubmit claims online.

Hearing services providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claims processing turnaround
- Ability to immediately correct claim errors
- Online adjustments capability
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required Medicare-related claims must be filed using the Medical Medicaid/Medicare-related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

10.5.1 Time Limit for Filing Claims

Medicaid requires all claims for hearing services to be filed within one year of the date of service. Refer to Section 5.1.4, Filing Limits, for more information regarding timely filing limits and exceptions.

10.5.2 Diagnosis Codes

Hearing aid dealers must bill diagnosis code V729 on all claims.

Audiologists are required to use a valid ICD-9 diagnosis code. The International Classification of Diseases - 9th Revision - Clinical Modification (ICD-9-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

10.5.3 Cochlear Implants

Cochlear Implants are covered on an inpatient basis only. Prior authorization for the preoperative evaluation and the implantation must be requested by a Medicaid-approved *cochlear implant team surgeon,* using the Authorization for Cochlear Implants Form (PHY-96-11).

Medicaid may reimburse for cochlear implant services for recipients who meet the following criteria:

1. EPSDT referral
2. Chronological age 2 through 20 years of age
3. Profound (>90 dBHL) sensorineural hearing loss bilaterally and minimal speech perception under best aided conditions
4. Minimal or no benefit obtained from a hearing (a vibrotacile) aid as demonstrated by failure to improve on age appropriate closed-set work identification task. Appropriate amplification and rehabilitation for a minimum six-month trial period is required to assess the potential for aided benefit. Benefits may be extended to candidates with severe hearing impairment and open-set sentence discrimination that is less than or equal to 30 percent in the best aided conditions.
5. No medical or radiological contraindications, and otologically stable and free of active middle ear disease prior to cochlear implantation.
6. Families/caregivers and possible candidates well-motivated. Education must be conducted to ensure parental understanding of the benefits and limitations of the device, appropriate expectations, commitment to the development of auditory and verbal skills, dedication to the child's therapeutic program and the ability to adequately care for the external equipment.

Effective June 1, 2002, Medicaid will reimburse for a personal FM system for use by a cochlear implant recipient when prior authorized by Medicaid and not available by any other source. The replacement of lost or damaged external components (when not covered under the manufacturer's warranty) will be a covered service when prior authorized by Medicaid.

Reimbursements for manufacturer's upgrades will not be made within the first three years following initial implantation.

Prior Authorization Procedures are as follows:

1. The Alabama Prior Review and Authorization request (Form 342) must be completed, signed and mailed to the address indicated on the form.
2. The prior authorization number issued for the cochlear implant must be indicated in the clinical statement section of form 342.
3. Additional medical documentation supporting medical necessity for FM system (V5273) or replacement external components should be attached.

10.5.4 Procedure Codes and Modifiers

Audiological function tests must be referred by the attending physician before testing begins. The (837) Professional electronic claim has been modified to accept up to four Procedure Code Modifiers.

Audiology Tests

The following CPT codes represent comprehensive audiological tests that may be performed each calendar year. Additional exams may be performed as needed when medically necessary to diagnose and test hearing defects.

Procedure Code	*Description*
92531	Spontaneous nystagmus, including gaze
92532	Positional nystagmus
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534	Optokinetic nystagmus
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	Positional nystagmus test, minimum of 4 positions with recording
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544	Optokinetic nystagmus test, bi-directional, foreal or peripheral stimulation, with recording
92545	Oscillating tracking test, with recording
92546	Torsion swing test, with recording
92547	Use of vertical electrodes in any or all of above vestibular function tests counts as one additional test
92557	Basic comprehensive audiometry (92553 & 92556 combined)
92582	Conditioning play audiometry (for children up to 5 years old)
92585	Brainstem evoked response recording (evoked response (EEG) audiometry)

NOTE:

Procedure codes 92531-92547 are normally performed on adults; however, children are occasionally tested.

The following procedure codes are not included in the annual limitations.

Procedure Code	*Description*
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92553	Pure tone audiometry (threshold); air and bone
92555	Speech audiometry; threshold only
92556	Speech audiometry; threshold and discrimination
92560	Bekesy audiometry; screening
92561	Bekesy audiometry; diagnostic
92562	Loudness balance test, alternate binaural or monaural
92563	Tone decay test
92564	Short increment sensitivity index (SISI)
92565	Stenger test, pure tone
92567	Tympanometry
92568	Acoustic reflex testing
92569	Acoustic reflex decay test
92571	Filtered speech test
92572	Staggered spondaic word test

Procedure Code	*Description*
92573	Lombard test
92575	Sensorineural activity level test
92576	Synthetic sentence identification test
92577	Stenger test, speech
92583	Select picture audiometry
92584	Electrocochleography
92585	Brainstem evoked response recording
92587	Evoked otoacocestic emissions
92588	Comprehensive/diagnostic evaluation
92589	Central audiotory function test(s) (specify)
92590	Hearing aid examination and selection; monaural
92591	Hearing aid examination and selection; binaural
92592	Hearing aid check; monaural
92593	Hearing aid check; binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electroacoustic evaluation for hearing aid; binaural

Added: for non lithium, batteries (V5299**)

Added: K0731 and K0732

V5299**
Deleted: ~~Z5273~~
Added: V5273

Cochlear Implants

Procedure Code	Description
Z5383*	Cochlear Implant Preoperative Evaluation (deleted 12/31/02)
92597	Cochlear Implant Preoperative Evaluation (effective 01/01/03)
69930*	Cochlear Device Implantation (See NOTE below)
L8619*	Processor repair
V5299**	Hearing service, miscellaneous (for non lithium processor batteries, cords, etc)
K0731	Lithium Ion battery, for use with cochlear implant device, speech processor other than ear level; replacement, each
K0732	Lithium Ion battery, for use with cochlear implant device, speech processor ear level; replacement, each
97520	Prosthetic Training, each 15 minutes
92601	Diagnostic analysis of Cochlear Implant, patient under 7 years of age; with programming.
92602	Diagnostic analysis of Cochlear Implant, patient under 7 years of age; subsequent reprogramming.
92603	Diagnostic analysis of Cochlear Implant, age 7 years or older, with programming.
92604	Diagnostic analysis of Cochlear Implant, age 7 years of age or older; subsequent reprogramming.
92510	Aural rehab following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder (including aural rehab); individual
92508	Group, two or more individuals
V5273**	Assistive listening device, includes FM receiver and transmitter for use with Cochlear Implant
V5299**	Hearing service, miscellaneous code for repair done for V5273

* Requires the ten-digit prior authorization number initially assigned for the cochlear implant

** Submit additional medical documentation providing the ten-digit prior authorization number approved for CPT 69930

NOTE:

The Cochlear Device is purchased at contract price established by hospital and supplier and covered through the hospital per diem.

Hearing Aid Monaural

Procedure Code	*Description*
V5030	Hearing aid, monaural, body worn, air conduction
V5040	Hearing aid, monaural, body worn, bone conduction
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5070	Glasses, air conduction
V5080	Glasses, bone conduction

Hearing Aid Binaural

Binaural aids should be billed with one unit.

Procedure Code	*Description*
V5100	Hearing Aid, Bilateral, Body Worn
V5120	Binaural, Body
V5130	Binaural, In the Ear
V5140	Binaural, Behind the Ear
V5150	Binaural, Glasses
V5210	Hearing Aid, Bicros, In the Ear
V5220	Hearing Aid, Bicros, Behind the Ear

(Extra ear mold is a billable expense in connection with binaural aids.)

Hearing Aid Accessories

Procedure Code	*Description*
V5298	Stethoscope (1 every 2 years)
V5298	Harness (Huggies)
V5266	Batteries (1 package every 2 months for use with monaural aid)
V5298	Battery Cover
V5266	Batteries (2 packages every 2 months for use with binaural aids)
V5298	Receiver
V5264	Ear mold (1 every 4 months for use with monaural aid)
V5298	Garment Bag
V5298	Cords
V5298	Ear Hook
V5014	Factory Repair of Aid (out of warranty) (1 every 6 months for use with monaural aid)
V5264	Ear Mold (2 every 4 months for use with binaural aids)
V5014	Factory Repair of Aids (out of warranty) (2 every 6 months for use with binaural aids)

10.5.5 Place of Service Codes

The following place of service codes apply when filing claims for hearing services:

POS Code	*Description*
11	Office

10.5.6 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to claims with third party denials.

NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

Refer to Section 5.7, Required Attachments, for more information on attachments.

10.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Section 5.2
Medical Medicaid/Medicare-related Claim Filing Instructions	Section 5.6.1
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N

10.7 Local Code Crosswalk Information

NOTE:

Use “Local” procedure codes for **dates of service** through 12/31/03. Use HCPCS procedure code, with modifier(s) if applicable, for dates of service 01/01/04 and thereafter.

“Local” Code thru 12/31/03	HCPCS-Modifier(s) Beginning 01/01/04	Description
Z5150	V5298	Stethoscope (1 every 2 years)
Z5064	V5298	Harness (Huggies)
Z5065	V5266	Batteries (1 package

"Local" Code thru 12/31/03	HCPCS-Modifier(s) Beginning 01/01/04	Description
		every 2 months for use with monaural aid)
Z5066	V5298	Battery Cover
Z5067	V5266	Batteries (2 packages every 2 months for use with binaural aids)
Z5068	V5298	Receiver
Z5069	V5264	Ear mold (1 every 4 months for use with monaural aid)
Z5070	V5298	Garment Bag
Z5071	V5298	Cords
Z5072	V5298	Ear Hook
Z5073	V5014	Factory Repair of Aid (out of warranty) (1 every 6 months for use with monaural aid)
Z5074	V5264	Ear Mold (2 every 4 months for use with binaural aids)
Z5179	V5014	Factory Repair of Aids (out of warranty) (2 every 6 months for use with binaural aids)

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